

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33448**  
Registrar's No. **8759**

FILED OCT 1 1952

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ Mo. _____ b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>38</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2209</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1523 Hogan</b>			d. STREET ADDRESS (If rural, give location) <b>20 3814 No. 25th</b> <b>0</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Giuseppe</b> b. (Middle) <b>Sparacia</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 17, 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 15, 1885</b>		9. AGE (In years last birthday) <b>67</b> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Italy</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Gasparo Sparacia</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Dorancricchio</b>		14. NAME OF HUSBAND OR WIFE <b>Francesca Sparacia</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <b>488-30-3725</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Francesca Sparacia 3814 No. 25</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ _____ _____			INTERVAL BETWEEN ONSET AND DEATH _____ _____ _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4201</b>	
22. I hereby certify that I attended the deceased from <b>8/17, 1952</b> , to <b>9/17, 1952</b> , that I last saw the deceased alive on <b>9/17, 1952</b> , and that death occurred at <b>8 P.</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>A. J. Signorelli M.D.</b> (Degree or title)		23b. ADDRESS <b>2801 N. Taylor</b>		23c. DATE SIGNED <b>9/18/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 20, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
24d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b>		24e. (State) _____			
DATE REC'D BY LOCAL REG. <b>SEP 19 1952</b>		REGISTRAR'S SIGNATURE <b>Paul Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>P. Miceli 1150 N. Kingshighway</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Anthony J. Miceli

Licensed Embalmer No. 4277

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.